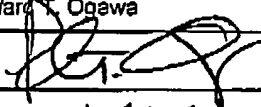
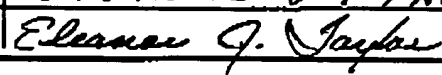


TRANSMITTAL FORM <i>(to be used for all correspondence after Initial filing)</i>	Application Number	09/328,939
	Filing Date	June 9, 1999
	First Named Inventor	Fujimura, Shuzo
	Art Unit	1765
	Examiner Name	Shamim Ahmed
Total Number of Pages in This Submission	Attorney Docket Number	018867-000410US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <small>(including Form SB08A and first page of each cited reference)</small> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small>
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
In response to the Office Action mailed July 25, 2003, the period for response being extended as a result of the enclosed petition and requisite fee, please make the enclosed of record.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Richard T. Ogawa	Reg. No. 37,692
Signature		
Date	1/26/04	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on 1/26/04		
Typed or printed name	ELEANOR J. TAYLOR	
Signature		Date
		JANUARY 26, 2004

60126507 v1

PTO/SB/17 (10-03)

<h2 style="margin: 0;">FEE TRANSMITTAL for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>	Complete if Known		
	Application Number	09/328,939	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Filing Date	June 9, 1999	
	First Named Inventor	Fujimura, Shuzo	
	Examiner Name	Shamim Ahmed	
	Art Unit	1765	
TOTAL AMOUNT OF PAYMENT (\$)	475	Attorney Docket No.	018867-000410US

<p style="text-align: center; font-weight: bold; font-size: small;">METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account</p> <p>Deposit Account Number: 20-1430</p> <p>Deposit Account Name: Townsend and Townsend and Crew LLP</p> <p>The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>1001</td><td>770</td><td>2001 385 Utility filing fee</td><td></td></tr> <tr><td></td><td></td><td>1002</td><td>340</td><td>2002 170 Design filing fee</td><td></td></tr> <tr><td></td><td></td><td>1003</td><td>530</td><td>2003 265 Plant filing fee</td><td></td></tr> <tr><td></td><td></td><td>1004</td><td>770</td><td>2004 385 Reissue filing fee</td><td></td></tr> <tr><td></td><td></td><td>1005</td><td>160</td><td>2005 80 Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (1)</td><td style="border: 1px solid black;">(\$)</td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Independent Claims</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Multiple Dependent</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>1202</td><td>18</td><td>2202 9 Claims in excess of 20</td><td></td></tr> <tr><td></td><td></td><td>1201</td><td>86</td><td>2201 43 Independent claims in excess of 3</td><td></td></tr> <tr><td></td><td></td><td>1203</td><td>290</td><td>2203 145 Multiple dependent claim, if not paid</td><td></td></tr> <tr><td></td><td></td><td>1204</td><td>86</td><td>2204 43 ** Reissue independent claims over original patent</td><td></td></tr> <tr><td></td><td></td><td>1205</td><td>18</td><td>2205 9 ** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td style="border: 1px solid black;">(\$)</td></tr> </tbody> </table> <p><small>**or number previously paid, if greater. For Reissues, see above</small></p>	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1001	770	2001 385 Utility filing fee				1002	340	2002 170 Design filing fee				1003	530	2003 265 Plant filing fee				1004	770	2004 385 Reissue filing fee				1005	160	2005 80 Provisional filing fee		SUBTOTAL (1)					(\$)	Total Claims	Extra Claims	Fee from below	Fee Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Independent Claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	Multiple Dependent	<input type="text"/>	<input type="text"/>	<input type="text"/>	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1202	18	2202 9 Claims in excess of 20				1201	86	2201 43 Independent claims in excess of 3				1203	290	2203 145 Multiple dependent claim, if not paid				1204	86	2204 43 ** Reissue independent claims over original patent				1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)	<p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION (continued)</p> <p>3. ADDITIONAL FEES</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>1051</td><td>180</td><td>2051 65 Surcharge - late filing fee or oath</td><td></td></tr> <tr><td></td><td></td><td>1052</td><td>50</td><td>2052 26 Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td></td><td></td><td>1053</td><td>130</td><td>1053 130 Non-English specification</td><td></td></tr> <tr><td></td><td></td><td>1812</td><td>2,520</td><td>1812 2,520 For filing a request for reexamination</td><td></td></tr> <tr><td></td><td></td><td>1804</td><td>920*</td><td>1804 920* Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td></td><td></td><td>1805</td><td>1,840*</td><td>1805 1,840* Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td></td><td></td><td>1261</td><td>110</td><td>2251 55 Extension for reply within first month</td><td></td></tr> <tr><td></td><td></td><td>1252</td><td>420</td><td>2252 210 Extension for reply within second month</td><td></td></tr> <tr><td></td><td></td><td>1263</td><td>650</td><td>2253 475 Extension for reply within third month</td><td>475</td></tr> <tr><td></td><td></td><td>1254</td><td>1,480</td><td>2254 740 Extension for reply within fourth month</td><td></td></tr> <tr><td></td><td></td><td>1255</td><td>2,010</td><td>2255 1,005 Extension for reply within fifth month</td><td></td></tr> <tr><td></td><td></td><td>1401</td><td>330</td><td>2401 165 Notice of Appeal</td><td></td></tr> <tr><td></td><td></td><td>1402</td><td>330</td><td>2402 165 Filing a brief in support of an appeal</td><td></td></tr> <tr><td></td><td></td><td>1403</td><td>290</td><td>2403 145 Request for oral hearing</td><td></td></tr> <tr><td></td><td></td><td>1451</td><td>1,510</td><td>1451 1,510 Petition to institute a public use proceeding</td><td></td></tr> <tr><td></td><td></td><td>1462</td><td>110</td><td>2452 55 Petition to revive - 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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Richard T. Ogawa	Registration No. (Attorney/Agent)	37,692	Telephone	650-326-2400
Signature		Date	1/26/04		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Atty Docket No. 018867-000410US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Shamim Ahmed

Group Art Unit 1765

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF**

EXAMINER Shamim Ahmed

CERTIFICATION OF FACSIMILE TRANSMISSION

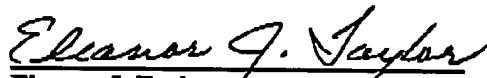
I hereby certify that the following document(s) in re Application of SHUZO FUJIMURA et al., Application No. 09/328,939, filed June 9, 1999 for SURFACE TREATMENT METHOD AND EQUIPMENT are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form (1 pg.);
2. Fee Transmittal (in dupl.);
3. Petition for Extension of Time (in dupl.);
4. Amendment (6 pages);
5. Information Disclosure Statement (including Form SB08A and first pages of each cited reference) (6 pages).

Number of pages being transmitted, including this page: 18

Dated: January 26, 2004


Eleanor J. Taylor

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Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 650-326-2400
Fax: 650-326-2422

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